L/4000064827

(Re	equestor's Name)	
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2015 AUG IL PH 12: 27
SECRETARY OF STATE

K.SALY EXAMINER AUG 18 2015

COVER LETTER

TO:	Registration Se Division of Cor		N .	
SUBJE		Y CAFE & bakery, llc		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CRISTIAN CUMES		
			Name of Person	
		HEAVENLY CAFE & BA	KERY, LLC	
		•	Firm/Company	
		5901 NW 151 STREET		
			Address	
		MIAMI LAKES, FL 33014	4	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		NTAVIO@YAHOO.COM		
		E-mail address: (1	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
NOEL	TAVIO		305 904-3063	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED	
2015 AUG 14 PM 12: 27	
SECRETARY DE CO)

HEA	VENLY CAFE & 1	BAKERY, LLC	r records A411 ABC ARX
(Name of the Limi	(A Florida Limited	any as it now appears on our Liability Company)	F records MALLAHASSEE, FLORID
The Articles of Organization for this Limited L Florida document number L14000064827	iability Company	were filed on $\frac{04/21/201}{}$	and assigned
This amendment is submitted to amend the following	(A Florida Limited Liability Company) (A Florida Limited Liability Company Modelling Company (A Florida Limited Liability Company Modelling Company (A Florida Limited Liability Company (A Florida		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	on "LLC" or the abbreviation "Ł.L.C."
Enter new principal offices address, if applicable:		5901 NW 151 STREET	•
(Principal office address MUST BE A STREI	ET ADDRESS)	MIAMI LAKES, FL 33	3014
Enter new mailing address, if applicable:		SAME	
(Mailing address MAY BE A POST OFFICE	BOX)	 	
			records, <u>enter the name of the ne</u>
Name of New Registered Agent:	CRISTIAN CL	JMES	
New Registered Office Address:	15969 NW 64	AVENUE APT 106	
		Enter Florida stree	et address
ne Articles of Organization for this Limited Liability of orida document number L14000064827 In a mending name, L14000064827 If amending name, enter the new name of the limiter new name must be distinguishable and contain the words "Liniter new principal offices address, if applicable: Principal office address MUST BE A STREET ADD Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: 1596	MIAMI LAKE	SS	, Florida 33014
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

MGRM EDWIN A. ALTAMIRANO 2200 WEST 74TH PLACE HIALEAH, FL 33016 Rem MGRM MARTHA P ALTAMIRANO 2200 WEST 74TH PLACE Add HIALEAH, FL 33016 Rem □ Char □ Char □ Char □ Char □ Char □ Char □ Add HIALEAH, FL 33016 □ Rem □ Char □ Add MIAMI LAKES, FL 33014	<u>Action</u>
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MGRM CRISTIAN CUMES 15969 NW 64 AVENUE APT 106	ove
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MIAMITAKES EL 33014	
Principle Lakes, FE 33014 □ Remo	ove
Chang	ge
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Signature of a member or authorized representative of a member	AUGUST 10TH	2015		
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MADTHA DAI TAMIDANO	S	gnature of a member or authorized re	presentative of a member	
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Filing Fee: \$25.00